

2011-2012 ADULT BASKETBALL MANAGER'S INFORMATION CARD

MEN'S LEAGUE _____ WOMEN'S LEAGUE _____ CO-ED _____

NAME OF TEAM _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

Returning Team _____ New Team _____ (Name of team last season) _____

League Desired:

MENS (TUES C @ WSC) _____

MENS (WED D @ MVSP) _____

BYE WEEK REQUEST DATE (IF POSSIBLE)

Team Fees: \$794 Non Resident Fee: \$12.50 per non resident player

**City of Mountain View, Recreation Division, Adult Sports League
Credit Card Authorization Form**

I Authorize the use of my ☐ Mastercard ☐ Visa

In the amount of **\$ 794.00** for league fees and \$ _____ for non resident fees (\$12.50 per NR)

TOTAL: \$ _____

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____ Date _____

Team Name _____